

### ***EMT-I Recommended Revisions***

<b><i>SECTION # PAGE #</i></b>	<b><i>AGENCY</i></b>	<b><i>COMMENT</i></b>	<b><i>RESPONSE</i></b>
<i>General</i>	<i>Crafton Hills College</i>	<i>The curriculum and lesson plans for the State need revision. Also, the State skills sheets should be mandated for use by every program for instruction and testing. There should be a prescribed list of skills which must be tested at the end of each course. The curriculum should include objectives which outline the affective behaviors necessary for the EMT. The adoption of the National Registry Written examination for the State test would promote a trackable measurement of equivalency in cognitive knowledge. The mandated use of State skills sheets with mandated skills to be tested will lend itself to an equivalent measure of psychomotor abilities.</i>	
<i>General</i>	<i>Santa Clara County EMS Agency</i>	<i>The AED revisions are convoluted and confusing. Is it the intent that AED be part of the EMT-I basic scope, Optional Scope, or the undefined "Advanced Scope". The EMT-I regulations need to be revised to be consistent with current statute (i.e., paramedic licensure) and the recently implemented paramedic regulations.</i>	
<i>General</i>	<i>Northern California EMS Agency</i>	<i>We would like to request that the Emergency Medical Technician-II Regulations be opened for public comment. They are in need of being update, so they coincide with the Paramedic Regulations.</i>	
<b><i>SECTION # PAGE #</i></b>	<b><i>AGENCY</i></b>	<b><i>COMMENT</i></b>	<b><i>RESPONSE</i></b>
<i>General</i>	<i>Crafton Hills College</i>	<i>In regards to adopting the DOT as the primary standard the provider titles should be changed to</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
		<p><i>EMT-Basic, EMT-Intermediate and EMT-Paramedic.</i></p> <p><i>It is time for the course hours and content to be lengthened. To properly prepare students for employment, we should be including content which includes OSHA approved BSI and Awareness Level Hazardous Materials certificate.</i></p> <p><i>The amount of time spent in clinical and field should be lengthened. It seems inadequate for students to spend just 10 hours in an externship. Experiential learning is one of the keys to student success.</i></p> <p><i>There is a disparity between programs with the availability of skills instructional time covering all of the necessary skills. Students who come here for recertification courses frequently come lacking knowledge of basic skills, and claim to have never seen or had the opportunity to practice skills. This is especially true with students who are not currently a traditional field practitioner. We should move toward statewide competency in training and the measurement of that training.</i></p>	
<i>General</i>	<i>Northern California EMS Agency</i>	<p><i>Replace EMT-P with Paramedic, so the regulation will coincide with the Paramedic Regulation. There are several instances where Paramedics were referred to as certified. The word, "certified" should be replaced with the word, "licensed."</i></p>	

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<i>General</i>	<i>Marin County EMS Agency</i>	<p><i>Before beginning to revise regulations, policy decisions should be made as to the goal for EMS in California and the role various levels of personnel will play in that future vision. With IVs and advanced airway management part of the EMT-I scope, is there still a role for the EMT-II in California in 2000? Despite the difficulty in achieving a unified vision, it seems that this is the perfect time to tailor the system to achieve the common goal.</i></p> <p><i>Establish a state-wide scope of practice for each category of personnel with a state-wide set of treatment guidelines for each level.</i></p> <p><i>Program approvals should be for standard lengths of time. If EMT-I program approvals are for four years, the approval of public safety programs, etc., should be for the same period.</i></p> <p><i>Testing frequency should be consistent. The methods used to determine certification/accreditation/authorization dates should be consistent between categories.</i></p> <p><i>Definitions used between sets of regulations should be standardized.</i></p>	

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<i>General</i>	<i>Marin County EMS Agency</i>	<p><i>Standardize the scope of practice for all levels. While there should still be several “optional skills” structured for each level, do away with “trial studies” and make a step toward a more uniform level of practice throughout California.</i></p> <p><i>Standardize the way levels are treated. If one prehospital level is licensed by the state and disciplined by the state, then all other levels should be licensed by the state and disciplined by the state. If Public Safety, EMT-I, EMT-II, and EMT-P is a progression of levels, as seen at the national level, then the mechanisms for dealing with them should be consistent.</i></p> <p><i>Standardize the way in which different categories of personnel can obtain continuing education. There is a provision in the EMT-I regulations that requires affiliation of teaching programs in a way not restricted for PM C.E.</i></p> <p><i>Training institutions should be more responsible for actual completion of the training programs. Since an internship is part of the training program, perhaps they should not be able to accept students if they are unable to arrange suitable spots for this experience.</i></p>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100056.1 Page 1	<p><i>Santa Clara County EMS Agency</i></p> <p><i>Contra Costa County EMS Agency</i></p> <p><i>Santa Clara County EMS Agency &amp; Solano County EMS Agency</i></p> <p><i>Santa Clara County EMS Agency &amp; Northern California EMS Agency</i></p>	<p><i>This definition is confusing, and does not clearly state who or what an EMT-I Advanced Skills Service Provider is. What are EMT-I Advanced Skills?</i></p> <p><i>The title to the section “EMT-I Advanced Skills Service Provider” is inconsistent with the definition (“EMT-I Service Provider”).</i></p> <p><i>The intended definition is unclear, as <u>advance skills</u> is not identified/used in the scope of practice (Sections 100063, 100064, 100064.1).</i></p>	
100056.2 Page 1	<i>Santa Clara County EMS Agency</i>	<i>The text of this definition is slightly different from the EMT-P definition (100136 . . .means methods of evaluation. . .). The text should be revised to be identical to the EMT-P CQI definition.</i>	
100057 (b) Page 2	<i>California Professional Firefighters</i>	<i>Include in this paragraph: “<u>EMT-I training program approval by local EMS agencies shall follow criteria established by the State EMSA for paragraph Section 100057(a)</u>”.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100058 Page 2	Crafton Hills College  Santa Clara County EMS Agency	<i>In order to have effective equivalency in training, there should be one agency who approves all EMT training programs. It appears unethical to have an agency approving their own program. Move the State toward broad based outside accreditation standards.</i>  <i>This section should be revised to identify the local EMS medical director as the EMT-I certifying authority, but that the local EMS medical director <u>may</u> delegate this function to the program director of an approved training program offered by a public safety agency. Present text allows any public safety agency with an approved training program to be a certifying authority.</i>	
100059 Page 2	Santa Clara County EMS Agency	<i>Even if we are not prepared statewide to move to a single standardized certification exam,, use of the National Registry exam should be specifically recognized in this section.</i>	
100059 Page 2	California Professional Firefighters	<i>Include in this paragraph: <u>"In order to assure standard of certification and skill criteria, certifying and skills exams shall be no more restrictive than those of the National Registry of EMTs or the certifying and skills exams shall be that of the National registry of EMTs."</u></i>  <i>The designators of EMT-IA and EMT-INA were eliminated in prior changes. This regulation should reflect that. The recertification cycles have been sufficient to eliminate those designators from being current.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100059.1 Page 2	Santa Clara County EMS Agency  Riverside County EMS Agency	Proposed text is too limiting, and should be revised to either include “or other optional skills as approved by the director of the EMS Authority” or re-phrased to “. . . responsible for an EMT-I Optional Skills program, including medical control.”  We concur with the idea that a skills director should be an emergency medicine board certified physician	
100059.1 Page 2	Mountain-Valley EMS Agency	Please change the title of this sect to “Optional Skills Medical Director”. Skills should be plural.  Remove the following language: “endotracheal intubation program, and/or”.	
100059.1 Page 2	Los Angeles County EMS Agency	Add manual defibrillator program.	
100060 Page 3	Crafton Hills College  North Coast EMS Agency  Santa Clara County EMS Agency	This section refers to EMA-1A or EMT-1NA. These terms have not been used for several years. Language should be consistent throughout the regulations.  The definition should also include “EMT-Basic” as an equivalent term. Although limited differences may exist between DOT/National Standard and California, the term “EMT-Basic” is the generally recognized title for individuals at this level. Subsection (a) no longer applies, and should be deleted.	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100060 (a) Page 2	Elaine Dethlefsen Costa Mesa Community College	Does this include EMT-FS?	
100061 Page 3	Orange County EMS Agency  Los Angeles County EMS Agency	Local accreditation should be done by the medical director, not by the agency.	
100062 Page 3	Riverside County EMS Agency  Santa Clara County EMS Agency  Crafton Hills College  DMV	<p>“EMT-Is who are not currently certified in California may temporarily perform . . . “temporarily” needs to be changed to a defined (limited) time frame.</p> <p>Subsection (a) is outdated and inconsistent with other ambulance operation provisions. Section 1100.3, Title 13 states that “No ambulance shall respond to an emergency call or transport patients unless staffed by both a certificated driver and a qualified attendant...” Although subsection (b) states “or the driver - if the service has been exempted from the requirement to have a driver,” there is no language providing for such an exemption. Subsection (b)(4) should be revised to paramedics “currently <u>licensed</u> in California”.</p> <p>Again, we would advocate the use of the DOT. Also, we would advocate the placement of the skills in (b)(1), (2) and (3) into basic scope of practice. The local medical director could still choose to delete these from local practicing protocols.</p> <p>EMT-I may not drive ambulance unless they have a California License and California EMT-I cert.</p>	
<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100063 (a)(12)	Los Angeles County EMS Agency	Add “paramedic” to end of sentence.	



<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>Page 4</i>			
<i>100063 (a)(12) Page 4</i>	<i>Santa Clara County EMS Agency &amp; California Professional Firefighters</i>	<i>Should be deleted - antishock trousers are no longer included in the EMT-P scope of practice.</i>	
<i>100063 (b)(1) Page 4</i>	<i>California Professional Firefighters</i>	<i>Why specifically state “for volume replacement”? Purpose in these cases really doesn’t matter. This specification can be deleted.</i>	
<i>100063 (b)(1)(2)(3) Page 4-5</i>	<i>Santa Clara County EMS Agency</i>	<i>Should be moved under subsection (a) as basic scope of practice</i>	
<i>100063 (b)(4) Page 5</i>	<i>Santa Clara County EMS Agency</i>	<i>Should be moved into Section 100064 as Optional Scope</i>	
<i>100063 (b)(4)(A) Page 5</i>	<i>San Francisco County EMS Agency</i>	<i>This language will require that this section of regulations be rewritten if the EMSA wants to change their EMT-I scope of practice form.</i>	
<i>100063 (b)(5) Page 5</i>	<i>Crafton Hills College</i>	<i>The word “assist” needs to be clearly defined. This is probably not the place. However, it must be covered in curriculum, so we do not have an EMT drawing up a medication in a syringe for a patient.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>100063 (c) Page 5</i>	<i>California Professional Firefighters</i>	<i>Make the standard according to the objectives and demonstrations required by the EMT-Basic National Standard Curriculum. There has to be a mechanism to standardize the application of the local agency discretion sections. It only promotes a disjointed statewide application of statute rather than a stateside EMS system.</i>	
<i>100063.1(c)(4) Page 5</i>	<i>San Mateo County EMS Agency</i>	<p><i>There is no provision for not approving the application. In our EMS system, nonemergency (BLS) ambulance providers are precluded from transporting patients having a medical emergency. We would not want these nonemergency ambulance providers to be equipped with AEDs and therefore, to be considered as appropriate to transport patients with emergency medical conditions. Any agency or organization that employs EMTs could become a provider of AED and market this to the public, even when the public might be better served within an organized EMS system (e.g., special event staff). A non-transporting AED Service Provider, that has been authorized by another LEMSA or EMSA, could “set up shop” in any jurisdiction without obtaining the authorization of the local EMS agency.</i></p> <p><i>The heading for this section should be EMT AED Service Provider so that it can be differentiated from the AED service provider that is addressed in the Public Safety Personnel regulations.</i></p>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>100063.1 (c)(4)(C) Page 5</i>	<i>Mountain-Valley EMS Agency</i>	<i>Please delete everything after the word arrest. AED's will only defibrillate someone who is in either of those rhythms. Is the data who (sic) wish to collect in items B and C actually witnessed versus non-witnessed?</i>	
<i>100064 Page 5</i>	<i>California Professional Firefighters</i>	<i>These comments advocate using EMSA established or developed guidelines to LEMSAs for policies and procedures approved at the LEMSAs level. This will encourage the intent of the NHTSA recommendations for state-wide standardization to be placed in regulation.</i>	
<i>100064 Page 5</i>	<i>Santa Clara County EMS Agency</i>	<p><i>The Optional Skill section should mimic the Local Optional Scope of Practice section of the paramedic regulations (Section 100145 (c)(2)), with the additional specific language for manual defibrillators, endotracheal intubation, and esophageal-tracheal airways in subsection 100064 (a)(1), (a)(2), and (a)(3). Current language does not provide for inclusion of procedures and medications deemed appropriate through trial study and approval of the Commission and Authority without further regulatory amendment.</i></p> <p><i>Specific frequency of retraining is specified only for esophageal-tracheal airways. Frequency of retraining should be inclusive of all optional skills; however, frequency should be permissive to allow local medical control to determine in accordance with its quality improvement program.</i></p> <p><i>The appropriate EMDAC developed language should be considered for this section.</i></p>	

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100064 Page 5	<p><i>Dan Smiley</i></p> <p><i>Dr. Angelo Salvucci</i></p> <p><i>Bruce E. Haynes, MD</i></p>	<p><i>Add instructor student ratio for optional skills.</i></p> <p><i>Should take endotracheal intubation out of EMT-I regulations, even under optional skill. They are doing more harm than good. Since we are adding the “combitube” to the optional scope, there is no need for ET to be included.</i></p> <p><i>The requirement for annual reports to the EMS Authority on patient outcome is outdated and unnecessary. This tracking should be part of quality improvement at the local level, and it is unnecessary for this information to be gathered on a constant basis, and unnecessary that it be reported to the state. I am not aware of any way in which this information has been used by the state, and now that these programs have been in existence for ten years, a report to the state imposes an unnecessary burden local providers and agencies. It is appropriate to monitor outcome on a sporadic basis at the local level and that should remain a responsibility of local agencies when indicated.</i></p>	

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100064 (a) Page 5	California Professional Firefighters	<p>Objectives and skills requirements should relate to a recognized national or state established standard..</p> <p>There should be standard application of all demonstrations of knowledge and skills proficiencies. EMSA should establish state-wide applicable standards, policies and procedures to assure uniform application of accreditation of personnel from LEMSA to LEMSA.</p> <p>Change this section to read:            (a) In addition to the activities authorized by Section 100063 of this Chapter, a local EMS agency <del>may establish</del> <u>will follow</u> policies and procedures <u>as established by the EMSA</u> for local accreditation of an EMT-I student or certified EMT-I to perform any or all of the following optional skills specified in subsections (a)(1), (a)(2) and (a)(3) of this section .</p>	
100064 (a) Page 5	Elaine Dethlefsen Costa Mesa Community College	Is this set in stone? Seems a little high.	
100064 (a)(1) Pages 5	Northern California EMS Agency	"Under the supervision of an EMT-II, EMT-P, R.N. or M.D." include "D.O." in this section. A large number of physicians are D.O.'s rather than M.D.'s.	
100064 (a)(1)(A) Pages 5	Contra Costa County EMS Agency	We do not feel that is necessary for the EMT-I to be competent in the recognition of rhythms if they are under on-site direct supervision.	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100064 (a)(1)(A) Pages 5	Mountain-Valley EMS Agency	Make the training hours (4). Please delete from the following language the second line, "in the	

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		<i>recognition of ventricular fibrillation and”.</i>	
<i>100064 (a)(1)(A)(4) Pages 6</i>	<i>Mountain-Valley EMS Agency</i>	<i>Delete this section. EMT-I should only use a manual defibrillator while under the direct supervision of a paramedic.</i>	
<i>100064 (a)(1)(A)(4) Pages 6</i>	<i>Northern California EMS Agency</i>	<i>Add Normal sinus Rhythm to the required rhythms to be recognized.</i>	
<i>100064 (a)(1) &amp; (2) Pages 5 &amp; 6</i>	<i>Solano County EMS Agency</i>	<i>Why is it that defibrillation requires direct supervision yet intubation does not? The requirements for intubation should be much tougher. Has the need for these skills been documented and verified?</i>	
<i>100064 (a)(3)(B) and (C) Page 6</i>	<i>Sierra-Sacramento Valley EMS Agency</i>	<i>These sections should be used for all optional skills.</i>	
<i>100064 (1)(A) Page 5</i>	<i>California Professional Firefighters</i>	<i>The National Standard Curriculum is defined and accepted as performance based. EMSA should define the objectives and the performance expectation and leave the training to meet those objectives and expected competency. Since the NSC for EMT-B does not include a manual defibrillator component, then the objectives specific to the application of manual defibrillation and recognition of ventricular fibrillation is applicable. “Shall be consistent with the training objectives and skills demonstration/testing as presented in the National Standard Paramedic Curriculum”.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>100064 (2) Page 6</i>	<i>Mountain-Valley EMS Agency</i>	<i>Please delete the entire section relating to endotracheal intubation.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100064 (2)(A) Page 6	Crafton Hills College  California Professional Firefighters	<i>The sentence should read . . . “result in the EMT-B being competent in <u>advanced</u> airway control.”</i>  <i>Same comments as above regarding the use of performance based curriculum. Use the objectives and skills testing requirements of the EMT-Basic National Standard Curriculum. Go with the recognized standards established for nation-wide application. “Shall be consistent with the training objectives and skills demonstration/testing as presented in the National Standard EMT-B Curriculum”.</i>	
100064 (2)(A)(3) Page 6	Alameda County EMS Agency	<i>We believe, that EMT-I’s should perform the esophageal-tracheal airway only, not endotracheal intubation as a method of advanced airway management. However, if endotracheal intubation remains in the EMT-I regulations, then we feel that the McGill forceps should be added to the list of equipment that EMT-I’s may use in performing endotracheal intubation.</i>	
100064 (a)(3)(B) Page 6	Contra Costa County EMS Agency	<i>We recommend that these sections be moved to 100064 (a)(2) endotracheal 100064 (a)(3)(C) intubation.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100064 (4) Page 7	Los Angeles County EMS Agency	Delete “of” to read “evaluation methodology(ies)”.	
100064 (a)(B) Page 7	Los Angeles County EMS Agency	Add new language “. . .examination for manual defibrillation use which shall include anatomy and physiology, rhythm recognition, proper use of equipment, medical control, post conversion care, and local policies and procedures.	
100064 (a)(2)(B) Page 7	Los Angeles County EMS Agency	Change language to read, “. . .competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of the esophageal-tracheal airway device.”	
100064 (a)(2)(C) Page 7	Los Angeles County EMS Agency	Change language to read, “. . .skills competency demonstration that requires the accredited EMT-I to demonstrate skills competency <del>monthly for a minimum of six ((6) months</del> after initial accreditation and every <del>six (6) three (3) months</del> thereafter.”	
100064 (a)(C) Page 7	Los Angeles County EMS Agency	Add new language “. . .to demonstrate manual defibrillation skills competency every six (6) months.	
100064 (b) Page 7	Orange County EMS Agency	We do not believe that a separate plan is still needed for these skills, but rather simply local policies and procedures.	



<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100064 (d) Page 7	Joseph Morales, MD	<i>The determination of how frequently EMT-Ds must demonstrate proficiency should be solely that of the Medical Director, based on system needs, frequency of use, etc. EMT-D is no longer a “new program”, and experience has shown that more flexibility must be allowed.</i>	
100064.1 Page 8	Solano County EMS Agency	<i>The Trial Studies section seems to be well written.</i>	
	Bruce E. Haynes, MD	<i>This section inhibits appropriate trial studies by imposing unnecessary review at the state level. Local EMS medical directors have statutory requirements for substantial experience in emergency medicine, and a high degree of professionalism. The statute (Health &amp; Safety Code Section 1797.221) that allows trial studies distinctly says the medical director of the local EMS agency may approve such studies. The state has inserted itself into the role of approving these studies with no demonstration that it is beneficial for systems or that it protects patients. The requirement that there be a local medical advisory committee to assist with the evaluation and approval with trial studies is adequate. If there is any appropriate role for the state agency in this process, it would be to hear appeals in cases where someone at the local jurisdiction believes there is a problem with a study, and it cannot be satisfactorily resolved at the local level.</i>	

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100064.1 Page 8	Santa Clara County EMS Agency	<p>The citation in Subsection (a)(5) is incorrect (correct Section is 100160). This requirement should be reconsidered, as it limits EMT-I trial studies to only those items that are a part of paramedic training. Whereas, a trial study should be limited to what is reasonable, appropriate, and safe, not by whether paramedics already perform the procedure/medication.</p> <p>Subsection (g) through (k) need to be revised for greater clarity consistent with EMDAC and EMS Commission recommendations.</p>	
100064.1 (g) Page 9	Elaine Dethlefsen Costa Mesa Community College	What is the time frame?	
100064.1(I) Page 10	California Professional Firefighters	<p>It should be assumed from the fact that if a significant number of subjects could not be available in a 36 month period, the objective of the study is academically meaningless and not medically advantageous in such limited application.</p> <p>Put a qualifier – “<u>after the 2<sup>nd</sup> 18 months of the study, if there are not sufficient numbers to be statistically significant, the study will be terminated.</u>”</p>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100064.2 Page 10	California Professional Firefighters	<p><i>It has been put forth by some that the local EMS agencies are governmental extensions of the state EMS Authority. IF this is the case, the Authority is obligated to establish standards of policy, procedure and guidelines to assure state-wide practice of basic scope of practice, skill application and system administration. If they are governmental extensions of the EMSA, the LEMSAs must apply those standards and policies uniformly state-wide.</i></p> <p><i>The EMSA should set a procedure for a provider within any LEMSA to appeal a questionable application of these regulations to an over-riding Authority.</i></p> <p><i>Change this paragraph to read – “The local EMS agency shall establish policies and procedures <u>that include state EMS Authority established guidelines as approved by the medical director of the EMSA. Where state EMSA has established guidelines. LEMSA shall adopt those guidelines. Prior to adopting ANY policy or procedure not guided by EMSA documents, the EMSA shall review and approve the proposed guidelines to assure consistent application of similar LEMSA policies and procedures. EMSA-directed policies and procedures shall include:</u>”</i></p>	
100064.2 (a) Page 10	Sierra-Sacramento Valley EMS Agency	<i>This section needs to be rewritten. As written the section does not apply only to optional EMT-I scope of practice.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100064.2 (b) Page 10	California Professional Firefighter  North Coast EMS Agency	<p><i>There should be a provision to define any CQI program to involve all system participants in the development and implementation of that plan. Any CQI plan must be based on quality patient care performance improvement for the system as defined by acceptable state-wide standards. The CQI program must be defined before this section can be applied.</i></p> <p><i>The intent is to have training programs and service providers who meet minimum state-wide applicable standards. EMSA is obligated to define the standards, and if the LEMSA are extensions of the EMSA, then it is their obligation to oversee the application of those standards. Within their defined jurisdiction.</i></p> <p><i>Change this section to read: “<u>Approval and evaluation through its CQI program of training programs and service providers. LEMSAs may suspend</u>”</i></p>	
100064.2 (c) Page 10	California Professional Firefighters	<p><i>The approval process should be defined as one that assures a standard state-wide application process is followed. “State EMS system” implies a state-wide application of policies and practices.</i></p> <p><i>Change this section to read: “(c) Approval and monitoring, <u>according to EMSA established standards and procedure</u>, of training programs, including refresher training for AED and/or optional skill(s) within its jurisdiction</i></p>	
100064.2 (c) Page 10	Mountain-Valley EMS Agency	<i>Please delete the words “for AED” from the first line.</i>	

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<i>100064.2 (c) Page 10</i>	<i>Contra Costa County EMS Agency</i>	<i>We recommend that this section read “Approval and monitoring of training programs, including refresher training.”</i>	
<i>100064.2 (d) Page 10</i>	<i>California Professional Firefighter</i>	<i>Any policies and procedures must be based on an aggressive CQI process that is progressive toward the improvement of patient care in the system.</i>	
<i>100064.2 (d) Page 10</i>	<i>Los Angeles County Fire Department</i>	<i>I am concerned with the open-ended invitation that this section gives local EMSAs to require periodic training and clinical experience.</i>	
<i>100064.2 (d) Page 10</i>	<i>North Coast EMS Agency</i>	<i>According to the draft regulations, each LEMSA must establish policy and procedures for continued competency in the use of the optional skills. With this change there is no consistency throughout the state.</i>	
<i>100064.2 (d) Page 10</i>	<i>California Fire Chiefs Association</i>	<i>The policies and procedures for continued competency should be scientifically based.</i>	
<i>100064.2 (e) Page 10</i>	<i>California Professional Firefighter</i>	<i>Defining of compliance and processes established by the LEMSA should have an appeal process through the EMSA as the ultimate authority of the application of EMS regulations in the state. This is done with the intent of equitable application of policies and processes throughout the state.</i>	
<i>100064.2 (f) Page 10</i>	<i>Contra Costa County EMS Agency</i>  <i>Mountain-Valley EMS Agency</i>	<i>We recommend that this section be deleted as it is redundant.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100064.2 (g) Page 10	California Professional Firefighter  North Coast EMS Agency  Mountain-Valley EMS Agency	Change this section to read: “(g) <u>shall authorize EMT-I advanced skill service providers who comply with applicable EMSA policies and procedures.</u> ”  Assure that authorization will be given as the providers comply with a reasonable application process. Authorization cannot be withheld as long as the service provider complies with all reasonable application requirements and maintains established EMSA standards.	
100064.2 (i) Page 10	California Professional Firefighter	This process should follow guidelines established by the EMSA to assure equitable application of policies, medical accountability and CQI state-wide.	
100064.2 (i) Page 10	Santa Clara County EMS Agency     Santa Clara County EMS Agency	“Service provider is not otherwise defined. Is this meant to be “EMT-I Advanced Skills Service Provider” and/or Optional Skill service provider? If so, subsection (g) appears to be redundant.  What is an “EMT-I service”? Is this the same as a “service provider”, “EMT-I Advanced Skills Service Provider” and/or Optional Skill service provider?	
100064.2 (i) Page 10	North Coast EMS Agency	We recommend drop EMT-I medical control and CQI for EMT-I services.	
100064.2 (i)(1) Page 10	California Professional Firefighter	Treatment and triage protocols should be based on a recognized standard (National Standard Curriculum) that will allow all EMS providers to efficiently interact in disaster and mutual aid situations state-wide.	
<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100064.2 (i)(2) Page 10	Los Angeles County Fire Department	This sounds like an expansion of what LEMSAs can require providers to report. This should be limited to the current information providers are required to	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
		<i>report.</i>	
<i>100064.2 (i)(2) Page 10</i>	<i>North Coast EMS Agency</i>	<i>Specific patient care record and reporting requirements for EMT-Is should be established statewide in these regulations and not left up to each LEMSA.</i>	
<i>100064.2 (i)(2) Page 10</i>	<i>Sierra-Sacramento Valley EMS Agency</i>	<i>We are supportive that this requires patient care records and reporting requirements.</i>	
<i>100064.2 (i)(3) Page 10</i>	<i>California Professional Firefighter</i>	<i>This should be a major part of any standard definition of the CQI process.</i>	
<i>100064.2 (i)(4) Page 10</i>	<i>Mountain-Valley EMS Agency</i>	<i>Please change to read . . . "base hospital and optional skills service provider."</i>	
<i>100064.2 (i)(4) Page 10</i>	<i>Los Angeles County EMS Agency</i>	<i>Delete this section.</i>	
<i>100065 Page 11</i>	<i>Crafton Hills College</i>	<i>It is an interesting measure of competency to have local EMS agencies approving their own programs. Again, it would seem prudent to have the State as the approving authority for all programs, thereby guiding equivalency in training and testing.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>100065 (b)(4) Page 11</i>	<i>Santa Clara County EMS Agency</i>	<i>Should be inclusive of local EMS agencies (“(4) Agencies of government, including public safety agencies and local EMS agencies.”)</i>	
<i>100066 Page 11</i>	<i>North Coast EMS Agency</i>	<i>When will the State EMS Authority’s 1985 EMT-I curriculum be updated.</i>	
<i>100066 (b) Page 11</i>	<i>California Professional Firefighter</i>	<i>Change this sentence to read: “The EMT-I approving authority shall approve eligible training programs that submit:”</i>	
<i>100066 (b)(1) Page 11</i>	<i>California Professional Firefighter</i>	<i>Change this sentence to read: “A statement verifying usage of an EMT-I curriculum that is equivalent to the EMT-B National Standard Curriculum or another curriculum that is approved for use by the EMSA which includes learning objectives, skills protocols, and treatment guidelines. Curricula that are substantively equivalent to the EMT-B National Standard Curriculum will be approved by the EMSA.”</i>	
<i>100066 (b)(3) Page 11</i>	<i>California Professional Firefighter</i>	<i>Delete this sentence in light of the above suggestions for (b) and (b)(1)</i>	
<i>100066 (b)(9) Page 11</i>	<i>Santa Clara County EMS Agency</i>	<i>Is redundant. Certification provisions already exist for individuals who meet these qualifications, and a course challenge process is unnecessary.</i>	



<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100066 (c)(5)(B) Page 12	California Professional Firefighter	<p><i>If EMT-I training is to be recognized state-wide, the issue of local EMS system orientation should be a separate issue. Orientation to the local system may not be applicable to some of the students, where a better understanding of the state system would be better. Local orientation is the responsibility of the employer once the EMT-I is working in the system. It is possible for a student to get training in one LEMSAs and work in another LEMSAs. Make the general course content applicable to the broad audience.</i></p> <p><i>It would be better, and consistent state-wide, for the EMSA to provide the information applicable to the state's "EMS System Orientation" to be included in all EMT-I courses. This paragraph should be deleted.</i></p>	
100067 Page 12	Orange County Fire Authority	<p><i>An approved EMT-I training program shall assure that no more than <del>ten (10)</del> fifteen (15) students are assigned to one (1) principal instructor/teaching assistant during skills practice/laboratory sessions. Most educational institutions will not provide a second instructor for classes over 10 but under 20.</i></p>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100068 Page 12	Santa Clara County EMS Agency	<i>The limitation on number of students should be further defined as No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience in an acute care hospital, nor more than one (1) student assigned to one (1) qualified supervisor with an operational ambulance service provider or rescue vehicle provider during the supervised clinical experience.@</i>	
100068 Page 12	Orange County Fire Authority	<i>Each approved EMT-I training program or a representative designated by the EMT-I program director shall have written agreement(s) with one or more general acute care hospital(s) and/or operational ambulance provider(s) or rescue vehicle provider(s) and/or licensed health care facility(s) that provides emergency medical care (urgent care facilities) for the clinical portion of the EMT-I training course. The “designated representative” amendment is added to alleviate the burden of the EMT-I program director. The “urgent care facility” amendment is added to provide another training site for EMT-I’s and to be consistent with section 100150.</i>	
100069 (a) Page 13	Northern California EMS Agency	<i>The word “approving” should be substituted for “EMS” before the word “authority”.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100069 (a) Page 13	Santa Clara County EMS Agency	Should be revised to state “In accordance with Section 100057(a) the <u>approving authority</u> shall notify the training program...”, as the EMS Authority is not the only approving authority. Further, the time line for notification should be extended to fifteen (15) days. Seven days is insufficient to perform sufficient review and determine what information may be missing.	
100069 (b) Page 13	California Professional Firefighter	<p>The intent is to approve qualifying programs in a timely manner. Change this to read:</p> <p>“(b) Program approval or a notice in writing of additional information needed by the EMT-I approving authority to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed fourteen (14) business days after receipt of a completed application.”</p> <p>Add a subsection:</p> <p>In the event the approving authority fails to approve or request additional information within the allowed time period, the program may request the EMSA to review, their program documentation for approval. When the EMSA approves the program, the LEMSA will have no further authority over the program for the period of program approval.</p>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>100069 (c) Page 13</i>	<i>California Professional Firefighter</i>	<i>A definite date should be defined. Change this sentence to read:  “The EMT-I approving authority shall establish the effective date of program approval in writing upon the date all documentation of compliance with all program requirements has been met.”</i>	
<i>100070 Page 13</i>	<i>Mary Jo Vincent Orange County EMS Agency</i>	<i>Would like to see some requirements in the EMT-I regulations for Program Managers to have EMS experience.</i>	
<i>100070(b) Page 13</i>	<i>Crafton Hills College</i>	<i>It appears that the clinical coordinator has more responsibility than the program director. Also, we continue to allow physicians and nurses without any actual field experience to teach the EMT courses. While they may have a more than adequate knowledge base, they do not have the practical experience of the intricacies of the field, nor do they have the expertise, in most cases, necessary to teach the application of the field equipment.</i>	
<i>100070 (b) Page 13</i>	<i>Butte College  Santa Clara County EMS Agency  Contra Costa County EMS Agency</i>	<i>Paramedics are licensed not certified.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>100070 (b) Page 13</i>	<i>Santa Clara County EMS Agency</i>	<i>Should stipulate current EMT-II certification or EMT-P licensure in California. It seems odd that physicians, nurses, and physician assistants would be required to have current licensure, but EMT-IIs and EMT-Ps do not.</i>	
<i>100070 (6) Page 13</i>	<i>Orange County Fire Authority</i>	<i>The primary instructor has the ability to approve the clinical site supervisor(s).</i>	
<i>100070 (E) Page 13</i>	<i>Orange County Fire Authority</i>	<i>The clinical site supervisor, at a minimum, shall be a currently certified EMT-I. The “25-hour” amendment is added due to the unavailability of instructors that can meet the current requirement, and to provide more teaching experience to other instructors. The “clinical site supervisor” amendments are added to provide for minimum requirements and approval process for these supervisors.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100073 Page 15	Crafton Hills College	<i>We support the increase in the minimum acceptable hours of the course and support the addition of the requirement for an OSHA approved BSI certificate and an Awareness Level Hazardous Materials certificate as a part of the basic course. There should be some guidelines regarding the number of hours to be spent in didactic and skills. We are confident this will be done when the curriculum is revised. Rather than simply require 3 patient or equivalent patient contacts, we would advocate that students be required to submit in writing what they learned from the patient contacts that were made. At least this allows the primary instructor to see the student's ability to think through an assessment and determine treatment.</i>	
100074 Page 14	Orange County Fire Authority	<i>A minimum of ten (10) hours of supervised clinical experience and/or simulated patient contacts. Logistic and liability issues have cause many facilities that heretofore have offered direct patient contact to cease to offer such opportunities. Therefore, clinical simulations must be increasingly utilized.</i>	
100075 Page 15	Solano Community College	<i>Module VI: Cardiovascular should read "management skills according to AHA or ARC <u>standards.</u>"</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100075 Page 15	Orange County Fire Authority  Joseph Morales, MD	<p><i>These regulations should be reviewed against the Department of Transportation curriculum with conforming modifications made. As the DOT has recently changed their curriculum requirements, these regulations should be consistent with those changes.</i></p> <p><i>This detail should not be in regulation. The regulation should only require the use of approved curriculum and the EMSA should approve one or more curricula.</i></p>	
100075 Page 15	Crafton Hills College	<p><i>Domestic violence needs to be added to the course content. The patient assessment should be changed to reflect the DOT assessment which is used in all the basic texts. We are not in favor of continuing to omit the pharmacology section. In (B) airway management, number 5 should be deleted. The use of this equipment is not recommended. In number 6, combi-tube should be added since it is added to the advanced scope of practice. In (B) 3, TIA should be listed with stroke. In (n)(4), other extrication devices beside the short board should be mentioned, or state equivalent. (6) Hazardous Materials - again we feel this should be the 8 hour Awareness Level with a certificate. In the management of an IV line, removal of the catheter and application of a pressure dressing should be added to cover certain instances when this might be necessary.</i></p>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100075 Page 15	California Professional Firefighter	The course content should be no less than the EMT-Basic National Standard Curriculum. Special notice should be made to assure application of California medical practice acts, to include CCR Title 22, Div. 9 and H&S Code §1797-1798 et seq. Modify the entire section of course content to adopt to the EMT-B National Standard Curriculum (NSC) to assure standard application of a standard curriculum. This section, as currently written reflects the EMT-I curriculum of 1984, so it would not be inconsistent with past practice to modify this outline to match the standard curriculum.	
100075 Page 15	Solano County EMS Agency	This should be based on and referenced to Department of Transportation.	
100075 (a) Page 15	California Professional Firefighter	If the state were to adopt the NSC, this detail of course content could be deleted from the regulation entirely.	
100075 (d) Page 16	Elaine Dethlefsen Costa Mesa Community College	Does this mean we don't have to cover this?	
100075 (c)(3)(C) Page 17	Santa Clara County EMS Agency  Northern California EMS Agency	Should be deleted, as antishock trousers are no longer utilized by paramedics.  "Assisting . . .with antishock garment." Change wording so that EMT-I's will be trained how to "apply antishock garment," so they can be qualified to take the National Registry Examination, if they desire.	



<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>100075 (B)(6) Page 18</i>	<i>Northern California EMS Agency</i>	<i>Add lower airway multi-lumen adjuncts to the sentence, so it can coincide with the Paramedic Regulations.</i>	
<i>100075 (e)(4)(A) Page 17</i>	<i>Butte College</i>	<i>Airway management (<u>Basic Cardiac Life Support</u>). Capitalization here implies American Heart Association. These are basic skills, well described in literature other than AHA.</i>	
<i>100075 (f)(3) Page 19</i>	<i>Los Angeles County EMS Agency  Life Support Network</i>	<i>Eliminate required course content and adopt D.O.T. curriculum.  CPR training according to documented training standards or CPR training according to pre-established training standards.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100075 (f)(3) Page 19	Solano Community College	<p>Many organizations provide first aid, CPR, and ALS training besides the American Red Cross and the American Heart Association. These other organizations provide instruction based on standards and guidelines from specific research publications, such as the Journal of the American Medical Association.</p> <p>It would be useful to re-word the various affected regulations to include all groups which provide first aid, CPR, or ALS training, based on published or pre-established standards and guidelines (i.e., JAMA), rather than linking the training specifically to ARC or AHA. By doing this, there would be greater flexibility to provide the appropriate training that meets published standards and also meets the needs of the trainees.</p>	
100075 (j)(1)(F) Page 19	Elaine Dethlefsen Costa Mesa Community College	“Universal precautions” may change to body substance isolation with CDC in Atlanta, GA. This is what the new books are calling this.	
100075 (k)(3)(D)(M) Page 19	Elaine Dethlefsen Costa Mesa Community College	Toxemia of pregnancy is now called pregnancy induced hypertension.	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100078 Page 25	Santa Clara County EMS Agency	Refers to “management skills according to AHA or ARC”. JAMA, it seems more appropriate to name the document that contains the standards and rational rather than specific organizations; an alternative statement could be, “management skills according to AHA or ARC or equivalent.”	
100077 (d) Page 22	Los Angeles County EMS Agency	Add, “add social security number”.	
100077 (e) Page 22	Los Angeles County EMS Agency	Suggest lowercase for “certifying authorities” and “course completion.”	
100078 Page 25	Santa Clara County EMS Agency	This section should be deleted. EMT-I certification provisions already exist for these qualified individuals, and a course completion challenge is unnecessary.	
100078 (a) Page 25	California Professional Firefighter	If the state were to adopt the NSC, this detail of course content could be deleted from the regulation entirely.	
100078 (a)(1) Page 25	North Coast EMS Agency	Should be currently <u>licensed</u> EMT-P.	
100078 (a)(2) Page 25	California Professional Firefighter	Terminology change – DOT now uses the term EMT-Basic, <u>not</u> EMT-I	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
100079 Page 26	Fred Drew	<i>The regulations do require that an individual apply for cert within two years of course completion. This should probably read apply and complete certification requirements. This would only give an individual 4 years between test for those that took EMT-I courses where the final exam was the cert exam. Counties that give their own exam should not have a problem.</i>	
100079 (a)(3) Page 26	Solano County EMS Agency	<i>This exam should be required as part of an approved course.</i>	
100079 (a)(5)(D) Page 26	California Professional Firefighter	<i>Change this to reflect the real intent of providing a photo identification (i.e., drivers license or employer issued identification card with photograph).</i>	
100079 (c) Page 26	North Coast EMS Agency	<i>Should add an individual currently certified in California as an EMT-II is deemed to be certified as an EMT-I with no further testing required.</i>	
100079 (c) Page 26	Nancy Steiner	<i>It has been suggested that we add to (c) that a person who is a paramedic and wants to work as an EMT-I would need to get an EMT-I certification before his paramedic card expires if he/she doesn't plan on renewing his paramedic license.</i>	
100079 (d) Page 26	Los Angeles County EMS Agency	<i>Change to, "An individual currently <u>licensed</u> in California as a <u>paramedic</u> is deemed to be certified as an EMT-I with no further testing required.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>100079 (F) Page 26</i>	<i>California Professional Firefighter</i>	<i>This is the reason that including local EMS policies and procedures in the initial training class is not required, refer to comments on §100066(c)(5)(B)</i>	
<i>100079 (F)(1) Page 26</i>	<i>California Professional Firefighter</i>	<i>Check the terminology – DOT/NHTSA uses the term “EMT-Basic” in reference to the NSC curriculum.</i>	
<i>100079 (i) Page 27</i>	<i>Santa Clara County EMS Agency</i>	<i>Should be revised to read the same as used for the content of the paramedic license (i.e., does not require medical director signature).</i>	
<i>100080 Page 28</i>	<i>Orange County Fire Authority</i>	<i>Include <del>both</del> a periodic written and skills competency examination to test the knowledge of topics and skills prescribed in this Chapter. It is consistent with section 100066.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>Section 100080 (b) Page 28</i>	<i>California Professional Firefighter</i>	<p><i>LEMSAs should approve CE providers on the same criteria as the EMSA approves. In the event that a CE provider's request for approval is denied for a reason other than missing detail as required by other sub-sections, there ought to be a process to appeal to the EMSA for approval.</i></p> <p><i>From the paramedic regulations, include §100169 "(b) The EMS Authority shall be the approving agency for CE providers whose headquarters are out-of-state and for statewide public safety agencies. CE courses approved for EMS personnel by EMS offices of other states or by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) are deemed approved courses for meeting CE requirements without any further approval by the EMS Authority or local EMS agencies."</i></p> <p><i>Nationally recognized and approved CE providers shall be recognized in California. Those continuing education credits should be acceptable as CE required for recertification.</i></p>	
<i>100080 (d) Page 28</i>	<i>Joseph Morales, MD</i>	<i>This requirement is no longer necessary, due to the availability of alternate continuing education methods. There is decreasing demand for these courses, resulting in some courses that are poorly attended.</i>	
<i>Section 100080 (g) Page 28</i>	<i>Northern California EMS Agency</i>	<i>"An individual who is currently certified. . ." Should read, "An individual who is currently certified/licensed. . ."</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>100080 &amp; 100081 Pages 28-29</i>	<i>Los Angeles EMS Agency</i>	<i>Individuals who have let the EMT-I certificates lapse will only be eligible for certification when the following have been met: A) lapse of less than 2 years - complete all continuing education missed not to exceed 24 hours (or provide proof of completed continuing education). B) lapse of 2 years - complete all continuing education missed for that time period not to exceed 24 hours. Successfully pass a written &amp; skills exam. C) lapse of 4 years or more - complete entire EMT-I course.</i>	
<i>Section 100081 (4) Page 29</i>	<i>Solano County EMS Agency</i>	<i>This appears to be well written.</i>	
<i>100082 Page 30</i>	<i>Santa Clara County EMS Agency</i>	<i>This section should be revised to be essentially identical to the CQI program section in the paramedic regulations.</i>	
<i>100082 (d) Page 30</i>	<i>Orange County Fire Authority</i>	<i>Consistent with section 100080.</i>	
<i>Section 100083 Page 30</i>	<i>Mountain-Valley EMS Agency</i>	<i>Please change title to “Optional Skills Service Provider.”</i>	
<i>Section 100083 (a) Page 30</i>	<i>Contra Costa County EMS Agency</i>	<i>Recommend that this section read, “An approved EMT-I service provider shall.”</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>Section 100083 (a)(1) Page 30</i>	<i>Contra Costa County EMS Agency</i>	<i>Recommend that this section read, “Apply to the local EMS agency for optional skill program approval.”</i>	
<i>Section 100083 (a)(2) Page 30</i>	<i>California Fire Chiefs Association</i>	<i>The addition of this section is unacceptable to the fire service. The statutory authority that you cite DOES NOT give either the LEMSA or the State EMS Authority the right or the responsibility to demand written agreements or contracts with other governmental agencies. This section should be deleted.</i>	
<i>Section 100083 (a)(2) Page 30</i>	<i>Northern California EMS Agency</i>	<i>“...including participation in the local EMS agency’s quality improvement system.” In the preceding section, this is referred to as a “quality improvement program.” The terms should be kept consistent throughout the regulation.</i>	
<i>Section 100083 (a)(3) Page 30</i>	<i>Northern California EMS Agency  Los Angeles County EMS Agency  Riverside County EMS Agency</i>	<i>The word “or” should be changed to “of.”</i>	



<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>Section 100083 (a)(3) Page 30</i>	<i>Mountain-Valley EMS Agency</i>	<i>Please change to read, “. . . maintenance of optional skills, to provide. . ., to the optional skills. . . in the utilization of the optional skills.” Suggestion to change the title of advanced skills to optional skills.</i>	
<i>Section 100083 (a)(3) Page 30</i>	<i>North Coast EMS Agency</i>	<i>Make the minimum requirements a responsibility of the local EMS agency rather than the Service Provider. The way it is in this revision would require the local EMS agency to review and approve all the P &amp; P from the Service Providers.</i>	
<i>Section 100083 (a)(5) Page 30</i>	<i>San Francisco County EMS Agency</i>	<i>The last clause of the last sentence is ambiguous and confusing.</i>	
<i>Section 100083 (a)(5) Page 30</i>	<i>Orange County EMS Agency</i>	<i>The required audits, training, and demonstration of competency should be able to be delegated to a qualified EMT-I.</i>	
<i>Section 100083 (a)(5) Page 30</i>	<i>Northern California EMS Agency</i>	<i>“. . .for optional scope skills. . .” suggest deleting the word “scope.”</i>	
<i>Section 100083 (a)(6) Page 30</i>	<i>California Professional Firefighter</i>	<i>Skills proficiency should be performance based, CQI driven, not based on an arbitrary time frame.</i>	
<i>Section 100083 (a)(6) Page 30</i>	<i>Contra Costa County EMS Agency</i>  <i>Mountain-Valley EMS Agency</i>	<i>We recommend that this section be deleted.</i>	
<i>Section 100083 (a)(6) Page 30</i>	<i>Los Angeles County Fire Department</i>	<i>This is a tremendous burden on many providers.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>Section 100083 (b)(5) Page 30</i>	<i>California Professional Firefighter</i>	<i>This information may not be available to the service provider, since some hospitals may consider provision of this information a breach of medical confidentiality. It is best not to mandate one agency to compel another agency's regulatory compliance by a third agency. Makes for unenforceable regulations that have no chance of compliance by the regulated agency.</i>	
<i>Section 100083 (b)(6) Page 30</i>	<i>Santa Clara County EMS Agency</i>	<i>How can the provider know how many EMT-Is in the <u>EMS agency jurisdiction</u> are trained to use an AED? Providers should report the <u>number of their EMT-I personnel</u> trained to use an AED.</i>	
<i>Section 100083 (b)(6) Page 30</i>	<i>Northern California EMS Agency</i>	<i>"The number of EMT-I's is in the EMS agency trained to use an AED," should be changed to, "The number of EMT-I's in the provider agency trained to use AED's." The way the sentence is worded make is appear that they are required to know how many EMT-I's are trained in the entire region/county. This statement should also have an ending date. All EMT-I's will be required to be trained by the year 2002, making this information irrelevant.</i>	
<i>Section 100083 (c)(2) Page 31</i>  <i>Section 100083 (c)(2) Page 31</i>	<i>Riverside County EMS Agency</i>	<i>"Shall review its agreement with each service provider at least every two (2) years." Which service providers – the AED ones? The optional skills ones? Both? Or does this apply to permits for all BLS providers?</i>  <i>See comments to (c)(2) above.</i>	
<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>

<i>Section 100083 (b)(5) Page 30</i>	<i>California Professional Firefighter</i>	<i>This information may not be available to the service provider, since some hospitals may consider provision of this information a breach of medical confidentiality. It is best not to mandate one agency to compel another agency's regulatory compliance by a third agency. Makes for unenforceable regulations that have no chance of compliance by the regulated agency.</i>	
<i>Section 100083 (b)(6) Page 30</i>	<i>Santa Clara County EMS Agency</i>	<i>How can the provider know how many EMT-Is in the <u>EMS agency jurisdiction</u> are trained to use an AED? Providers should report the <u>number of their EMT-I personnel</u> trained to use an AED.</i>	
<i>Section 100083 (b)(6) Page 30</i>	<i>Northern California EMS Agency</i>	<i>"The number of EMT-I's is in the EMS agency trained to use an AED," should be changed to, "The number of EMT-I's in the provider agency trained to use AED's." The way the sentence is worded make is appear that they are required to know how many EMT-I's are trained in the entire region/county. This statement should also have an ending date. All EMT-I's will be required to be trained by the year 2002, making this information irrelevant.</i>	
<i>Section 100083 (c)(2) Page 31</i>  <i>Section 100083 (c)(2) Page 31</i>	<i>Riverside County EMS Agency</i>	<i>"Shall review its agreement with each service provider at least every two (2) years." Which service providers – the AED ones? The optional skills ones? Both? Or does this apply to permits for all BLS providers?  See comments to (c)(2) above.</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
<i>Section 100083 (c)(3) Page 31</i>	<i>Contra Costa County EMS Agency</i>	<i>Recommend that the sentence read, "May deny, suspend, or revoke the approval of an advanced skills service provider for failure to comply with applicable</i>	

<b>SECTION # PAGE #</b>	<b>AGENCY</b>	<b>COMMENT</b>	<b>RESPONSE</b>
		<i>policies, procedures and regulations.”</i>	
<i>Section 100084 (d) Page 31</i>	<i>Santa Clara County EMS Agency</i>	<i>The second sentence should be revised and combined with the existing Subsection (e) - “Each certifying authority shall maintain a list of all EMT-Is whose certificate has been denied, suspended, revoked or placed on probation and shall notify the EMT-I certifying authority that issued the certificate and the EMS Authority, using form EMS???, as such occurs.”</i>	
<i>Section 100084 (g) Page 31</i>	<i>Contra Costa County EMS Agency</i>	<i>We recommend that the regulations require that the local EMS agency comply with reporting requirements set forth by the EMS Authority. Having the data points included in t the regulations decreases the Authority’s ability to gather information pertinent to the time. Having the data points in regulation also makes it much more difficult and time consuming to change the data the Authority wants to collect.</i>	
<i>Section 100085 Page 32</i>	<i>California Professional Firefighter</i>	<i>Replace “reasonable” with “<u>actual</u>”. LEMSA also should report yearly the actual related to all of the mandated areas of this regulation, as well as the income from all sources that is used to maintain the LEMSA. If the income from other sources exceed the actual operating costs of the LEMSA, then there will be no fees charged.</i>	
<i>Section 100085 Page 32</i>	<i>Los Angeles County EMS Agency</i>	<i>Please add, “. . . review approval, <u>EMT-I Advanced Skills Service Provider program review approval, EMT-I certification and/or accreditation and EMT-I recertification and/or reaccreditation.</u> . .”</i>	